



PART B - FEE(S) TRANSMITTAL

SEP 22 2010

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7590 06/25/2010
HEWLETT-PACKARD COMPANY
 Intellectual Property Administration
 P.O. Box 272400
 Fort Collins, CO 80527-24002 800000000 082025 10777505
 01 FC:1501 1510.00 DA
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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/777,505	02/11/2004	Robert William Dobbs	200209625-1	5267

TITLE OF INVENTION: POWER DISTRIBUTION SYSTEM UTILIZING REDUNDANT AC SOURCES OR DC SOURCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/27/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
AMAYA, CARLOS DAVID	2836	307-044000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hewlett-Packard Development Company, L.P. Houston, Texas

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order: # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).

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<input checked="" type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /David A. Plettner/

Date September 22, 2010

Typed or printed name: David A. Plettner

Registration No. 36,241

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